## DEST MYMILABLE COLI

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000  3 3 3 0 / 5 5													
CLAIMS AS FILED - PART I (Column 1) (Column							SMAI		NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			22				RA	ΓE	FEE	]	RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 2 minus 20=		• 2		X\$	9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			9 minus 3 =		• ,		X4	)=		1	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT							OR	<del>-</del>	80	
* If the difference in column 1 is less than zero, enter "0" in column 2								5=	<del> </del> -	OR	+270=		
			TOT	AL		OR	TOTAL	TUAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	OTHER SMALL I	9	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 37	Minus	1	2	= //	XS	1		OR	<i>دى ي</i> =X\$18	550	þ
	Independent	. 6	Minus	***	4	= 1	X4	00		OR	X80=	4000	P
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	-			+270=	700	′
								TAL		OR	TOTAL		Ì
		(Column 1)		(Colur	nn 21	(Column 3)	ADDIT.	FEE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=		
	Independent		Minus	•••		=	X40	=		OR	X80=		
L	FIRST PRESE	+135			OR	+270=							
							TO	TAL			TOTAL		
		(Column 1)		(Colun	nn 2)	(Column 3)	ADDIT.	-EE I		OR ,	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	•	=	X\$ 9	_		OR	X\$18=		
AME	Independent	•	Minus	***		=	X40	-		ł	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM		+135	-		OR			
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=		
•••	If the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa ber Previously Pai	aid For" IN THIS	S SPACE is S SPACE is	s less that s less tha	n 20, enter "20." n 3, enter "3."	TO ADDIT. F ound in th	EE L			TOTAL ADDIT. FEE Jimn 1.	·	

FORM PTO-875 (Rev. 8/00)